

CLAIMS ONLY							Application Number 10/672 893	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
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9						59		
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41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	1					Total Indep		
Total Depend	47					Total Depend		
Total Claims	48					Total Claims		